



*Prior
Authorizations*

IHCP 2019
Annual Seminar


CareSource[®]



Agenda

Prior Authorization

- Requirements
- Self-Referral Services
- Submission of Prior Authorization Requests
- Cite Auto Authorization via CareSource Provider Portal
- NIA Magellan
- Timeframes
- Dental Authorizations
- Important Reminders
- How to Contact Us

Prior Authorization Services

| | |
|--|--|
| All Inpatient Services | All Inpatient Rehabilitative Service |
| Applied Behavior Analysis therapy services (ABA) | All Inpatient Behavioral Health admissions |
| Transcranial Magnetic Stimulation | Intensive Outpatient Program Services |
| Advanced Life Support (within 72 hours of the date of service) | Ambulance Transport – non-emergent |
| Genetic Testing | Hearing Aids |
| Home Health Care Services | Prosthetic and Orthotic devices >\$1200 |
| Skilled Nursing Facility Services | Durable Medical Equipment |
| All powered or customized wheelchairs and supplies | All DME miscellaneous codes (example: E1399) |

Prior Authorization Services

| | |
|---|---|
| Pain Management Services <ul style="list-style-type: none">➤ Facets➤ Epidurals➤ Facets Neurotomy➤ SI Joints | Outpatient Services: <ul style="list-style-type: none">➤ Cosmetic/Plastic/Reconstructive Procedures➤ Spinal Cord Stimulators➤ Implantable Pain Pumps |
| Organ Transplants | Partial Hospitalization Program (PHP) |
| Residential services | Services beyond benefit limits for members 20 years of age and under |
| Gender Dysphoria Surgeries | Any surgery or procedures that are potentially cosmetic or investigational will require a prior authorization |

Self-Referral Services

CareSource includes self-referral health partners in our network. For both Hoosier Healthwise (HHW) and Healthy Indiana Plan (HIP), members may self-refer to Indiana Health Coverage Programs (IHCP) active providers for the services eligible for self-referral.

HHW Members

May receive self-referral services from Indiana Health Coverage Programs (IHCP) enrolled self-referral health partners who are not in the CareSource network.

CareSource reimburses self-referral services up to the applicable benefit limits and at IHCP Fee For Service (FFS) rates.

HIP Members

Must go to an in-network health partner; **OR** receive PA from CareSource to go to an out-of-network health partner.

Exceptions: Family planning & emergency services

CareSource reimburses self-referral services up to the applicable benefit limits and at a rate not less than the Medicare rate, or at 130% of Medicaid if no Medicare rate is available.



Self-Referral Services

The following services are eligible for self-referral:

- Psychiatric services
- Family planning services

The following services are eligible for self-referral, but may only be provided to members receiving services through Hoosier Healthwise, HIP State Plan Basic/Plus and HIP Plus OR while receiving the additional HIP pregnancy-only benefits:

- Chiropractic services
- Eye care services, except surgical services
- Routine dental services
- Podiatry services

The Indiana Administrative Code *405 IAC 5* (Hoosier Healthwise) and *405 IAC 9-7* (Healthy Indiana Plan) provide further detail.



How to Submit PA Requests

Email

inmedmgt@caresource.com

Phone

1-844-607-2831

Fax

Fax the prior authorization form to 844-432-8924 including supporting clinical documentation. The prior authorization request form can be found on **CareSource.com**.

Mail

CareSource
Attn: IN Utilization Management
P.O. Box 44493
Indianapolis, IN 46244

Provider Portal

Cite Auto Authorization



Prior Authorization Form

For prior authorization requests, please use the Indiana Health Coverage Programs (IHCP) Prior Authorization Request Form.

It is located on the Forms page on **CareSource.com**:

- Hover over the **Providers** tab and click on **Forms**.
- Select your plan (**Indiana Medicaid**) in the dropdown menu.



| Indiana Health Coverage Programs Prior Authorization Request Form | | | |
|--|----------------------------|---|-----------------------------------|
| Check the box of the entity that must authorize the service. (For managed care, check the member's plan, unless the service is delivered as fee-for-service.) | Fee-for-Service | <input type="checkbox"/> Cooperative Managed Care Services (CMCS) | P: 800-269-5720 F: 800-689-2759 |
| | Hoosier Healthwise | <input type="checkbox"/> Anthem Hoosier Healthwise | P: 866-408-6132 F: 866-406-2803 |
| | | <input type="checkbox"/> Anthem Hoosier Healthwise - SFHN | P: 800-291-4140 F: 800-747-3693 |
| | | <input type="checkbox"/> CareSource Hoosier Healthwise | P: 844-607-2831 F: 844-432-8924 |
| | | <input type="checkbox"/> MDwise Hoosier Healthwise | See www.mdwise.org |
| | | <input type="checkbox"/> MHS Hoosier Healthwise | P: 877-647-4848 F: 866-912-4245 |
| | Healthy Indiana Plan (HIP) | <input type="checkbox"/> Anthem HIP | P: 1-844-533-1995 F: 866-406-2803 |
| | | <input type="checkbox"/> CareSource HIP | P: 844-607-2831 F: 844-432-8924 |
| | | <input type="checkbox"/> MDwise HIP | See www.mdwise.org |
| | Hoosier Care Connect | <input type="checkbox"/> MHS HIP | P: 877-647-4848 F: 866-912-4245 |
| <input type="checkbox"/> Anthem Hoosier Care Connect | | P: 1-844-284-1798 F: 866-406-2803 | |
| <input type="checkbox"/> MHS Hoosier Care Connect | | P: 877-647-4848 F: 866-912-4245 | |

Please complete all appropriate fields.

| Patient Information | | | | | | Requesting Provider Information | |
|---|--|-----|--|-----|--|--------------------------------------|--|
| IHCP Member ID (RID): | | | | | | Requesting Provider NPI/Provider ID: | |
| Date of Birth: | | | | | | Taxonomy: | |
| Patient Name: | | | | | | Tax ID: | |
| Address: | | | | | | Provider Name: | |
| City/State/ZIP Code: | | | | | | Rendering Provider Information | |
| Patient/Guardian Phone: | | | | | | Rendering Provider NPI/Provider ID: | |
| PMP Name: | | | | | | Tax ID: | |
| PMP NPI: | | | | | | Name: | |
| PMP Phone: | | | | | | Address: | |
| Ordering, Prescribing, or Referring (OPR) Provider Information | | | | | | City/State/ZIP Code: | |
| OPR Physician NPI: | | | | | | Phone: | |
| Medical Diagnosis (Use of ICD Diagnostic Code Is Required) | | | | | | Fax: | |
| Dx1 | | Dx2 | | Dx3 | | Preparer's Information | |
| Please check the requested assignment category below: | | | | | | Name: | |
| <input type="checkbox"/> DME <input type="checkbox"/> Inpatient <input type="checkbox"/> Physical Therapy | | | | | | Phone: | |
| <input type="checkbox"/> Purchased <input type="checkbox"/> Observation <input type="checkbox"/> Speech Therapy | | | | | | Fax: | |
| <input type="checkbox"/> Rented <input type="checkbox"/> Office Visit <input type="checkbox"/> Transportation | | | | | | | |
| <input type="checkbox"/> Home Health <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Other | | | | | | | |
| <input type="checkbox"/> Hospice <input type="checkbox"/> Outpatient | | | | | | | |

| Dates of Service | Procedure/ | Modifiers | Service Description | Taxonomy | POS | Units | Dollars |
|------------------|------------|---------------|---------------------|----------|-----|-------|---------|
| Start | Stop | Service Codes | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

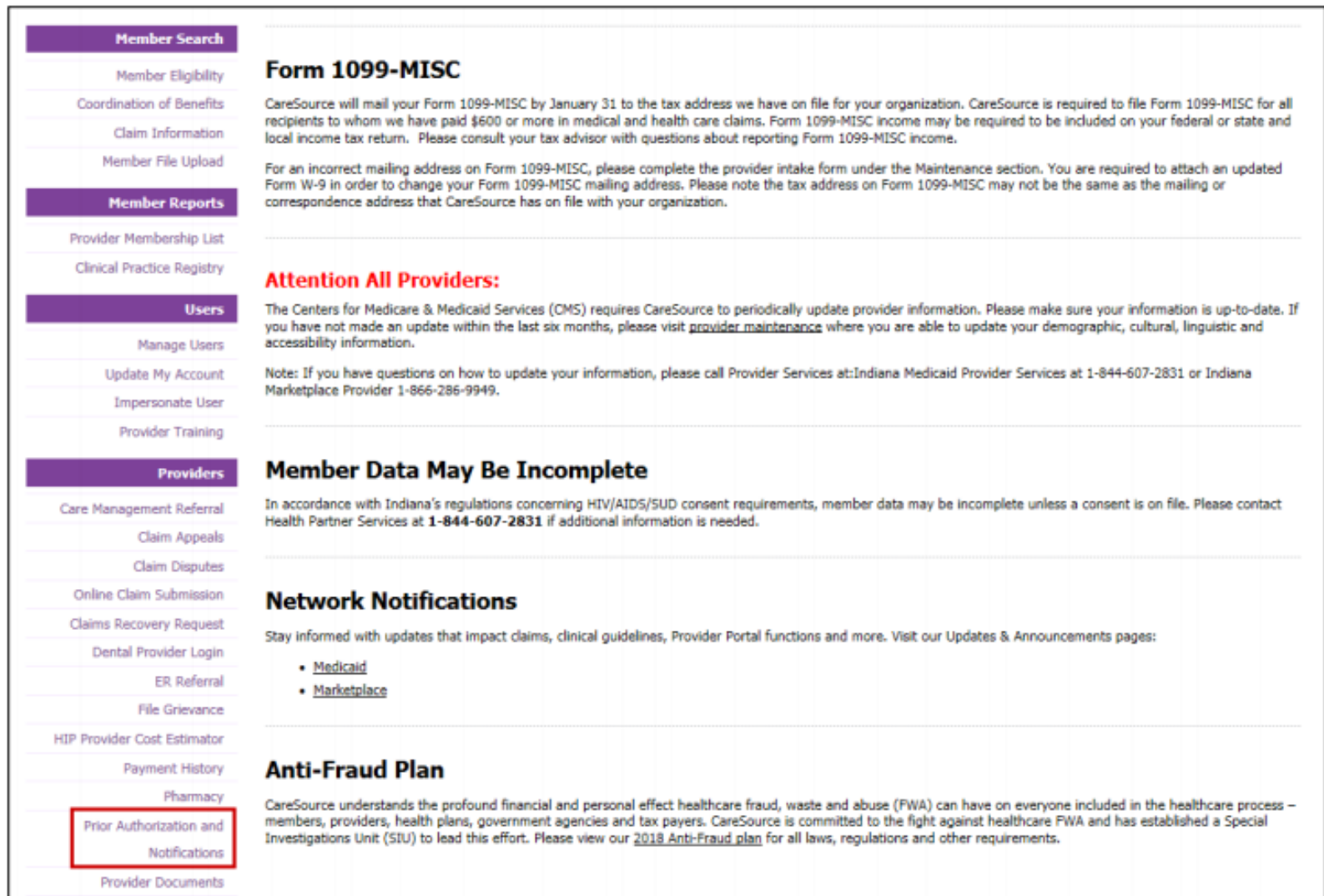
Notes:

PLEASE NOTE: Your request MUST include medical documentation to be reviewed for medical necessity.

Signature of Qualified Practitioner: _____ Date: _____

Cite Auto Authorization

Select Prior Authorization and Notifications in the left navigation.



Member Search

- Member Eligibility
- Coordination of Benefits
- Claim Information
- Member File Upload

Member Reports

- Provider Membership List
- Clinical Practice Registry

Users

- Manage Users
- Update My Account
- Impersonate User
- Provider Training

Providers

- Care Management Referral
- Claim Appeals
- Claim Disputes
- Online Claim Submission
- Claims Recovery Request
- Dental Provider Login
- ER Referral
- File Grievance
- HIP Provider Cost Estimator
- Payment History
- Pharmacy
- Prior Authorization and Notifications**
- Provider Documents

Form 1099-MISC

CareSource will mail your Form 1099-MISC by January 31 to the tax address we have on file for your organization. CareSource is required to file Form 1099-MISC for all recipients to whom we have paid \$600 or more in medical and health care claims. Form 1099-MISC income may be required to be included on your federal or state and local income tax return. Please consult your tax advisor with questions about reporting Form 1099-MISC income.

For an incorrect mailing address on Form 1099-MISC, please complete the provider intake form under the Maintenance section. You are required to attach an updated Form W-9 in order to change your Form 1099-MISC mailing address. Please note the tax address on Form 1099-MISC may not be the same as the mailing or correspondence address that CareSource has on file with your organization.

Attention All Providers:

The Centers for Medicare & Medicaid Services (CMS) requires CareSource to periodically update provider information. Please make sure your information is up-to-date. If you have not made an update within the last six months, please visit [provider maintenance](#) where you are able to update your demographic, cultural, linguistic and accessibility information.

Note: If you have questions on how to update your information, please call Provider Services at: Indiana Medicaid Provider Services at 1-844-607-2831 or Indiana Marketplace Provider 1-866-286-9949.

Member Data May Be Incomplete

In accordance with Indiana's regulations concerning HIV/AIDS/SUD consent requirements, member data may be incomplete unless a consent is on file. Please contact Health Partner Services at **1-844-607-2831** if additional information is needed.

Network Notifications

Stay informed with updates that impact claims, clinical guidelines, Provider Portal functions and more. Visit our Updates & Announcements pages:

- [Medicaid](#)
- [Marketplace](#)

Anti-Fraud Plan

CareSource understands the profound financial and personal effect healthcare fraud, waste and abuse (FWA) can have on everyone included in the healthcare process – members, providers, health plans, government agencies and tax payers. CareSource is committed to the fight against healthcare FWA and has established a Special Investigations Unit (SIU) to lead this effort. Please view our [2018 Anti-Fraud plan](#) for all laws, regulations and other requirements.

Cite Auto Authorization

Prior Authorization Tabs

Enter CareSource ID and Start Date of Service and select Search.
Note: Member Eligibility is directly affected by date of service

Medical (Inpatient & Outpatient)

Newborn Delivery Notification

Observation

Status

An authorization is not a guarantee of payment, but is based on medical necessity, appropriate coding and benefits. Benefits may be subject to limitation and/or qualifications and will be determined when the claim is received for processing.

Recipient Id

CareSource Id


Member Info

Provider ID:

Recipient Id:

*

Start Date of Service



*

Search

Cite Auto Authorization

Select Care Setting, Category and type of Prior Authorization

Authorization Request

Select Care Setting

☐ Inpatient
☒ Outpatient

Select Category

Surgery Or Procedures ▼

Select Type of Prior Authorization Request

--Select One-- ▼ *

Answer Facility question

Will service be performed in a Facility?

* Required

☐ Yes
☐ No

Enter provider information. Use dropdown to search by Provider Name, NPI or Caresource Provider Number

Search:

Provider Name ▼

* Required



Cite Auto Authorization

Complete “required fields”

Dates of Service

An authorization is not a guarantee of payment, but is based on medical necessity, appropriate coding and benefits. Benefits may be subject to limitation and/or qualifications and will be determined when the claim is received for processing.

Start Date:

6/18/2019



End Date:

6/18/2019



Treatment Type

Treatment Type:

--Choose One--



* Required

Place Of Service

Place Of Service:

--Choose One--



* Required

Diagnosis Codes

Code Type:

ICD10 Diagnosis Codes



Search By:

Code



* Required

Procedure Codes

Code Type:

All Procedure Codes



Cite Auto Authorization

Complete required fields and click “continue”

Received Date

Received Date:



* Required

Received Time:

* Required

Contact Information

Contact name of person completing this request:

* Required

Contact phone number:

* Required

Contact phone number extension:

Contact fax number:

* Required

Contact email:


Additional Information

3000 Characters

Continue

Cite Auto Authorization

Select “Document Clinical” to continue.

Authorization Request 1 Request Form 2 Document Clinical 3 Submit Request 

Patient : 5017724 Name : Redacted DOB : Redacted Gender : Female [show more](#)

Authorization : EPS-00010097 Type : Surgery or Procedures Status : NoDecisionYet [show more](#)

Diagnosis Codes : J34(CD-10 Diagnosis) *primary* Procedure Codes : 30520(CPT/HCPCS) *primary*

Disclaimers

30520 - CPT/HCPCS

- This Member's plan is CareSource **Indiana Medicaid**.

Instructions: When you select the "Document Clinical" button, if a guideline specific to Indiana Medicaid is listed, add that guideline for the service requested to obtain the criteria specific for CareSource Indiana Medicaid Members. Otherwise, select the appropriate MCG guideline.

Procedure Code: 30520 (CPT/HCPCS) [Document Clinical](#)

Requested Units: 1

Description : Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft

[Submit Request](#) [Cancel Request](#)

Click “add” to choose the Guideline for service.

Procedure Code: 30520 (CPT/HCPCS)

Requested Units: 1

Description : Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft

| Guideline Title | Product | Code | Action |
|---------------------------------------|---------|--------|---------------------|
| Migraine Headache, Surgical Treatment | AC | A-0578 | add |
| Septoplasty | AC | A-0182 | add |
| No Guideline Applies | | | add |

[Submit Request](#) [Cancel Request](#)



Cite Auto Authorization

Answer Guideline questions, click “Save” and “Submit Request”

Procedure Code: 30520 (CPT/HCPCS)
Requested Units: 1
Description: Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft

A-0182 - Septoplasty - (AC)

The procedure is/was needed for appropriate care of the patient because of ...

- ☒ Cleft lip nasal deformity
- ☐ Clinical findings of septal deviation or septal spurring and ...

You can add a note of supporting clinical documentation

Save Cancel

Reminder screen displays

Clinical Document Upload Notice

You're almost done!

Member Info

| | |
|--------------|--------------|
| Member ID: | 000000000000 |
| Member Name: | 000000000000 |
| Member DOB: | 00000000 |

Please remember to attach supporting documentation, and save your reference number, both of which are viewable once you close this popup.



Cite Auto Authorization

Prior Authorization Results Screen

Reference # and Authorization status will be displayed on the Provider Portal after submitting the request.

*Please note you are also able to attach additional clinical information.

Results

Prior Authorization request has been successfully submitted. If clinical information to support this request has not been submitted, please send (via e-mail, fax or telephone) clinical review to the Medical Management Department within one business day.

Your reference ID for this submission request is: **1007300417**

Next Review Date: **7/29/2019**

An authorization is not a guarantee of payment, but is based on medical necessity, appropriate coding and benefits. Benefits may be subject to limitation and/or qualifications and will be determined when the claim is received for processing.

To submit another prior authorization request please return to the top of the page and enter the member's CareSource ID, Medicaid ID or Member info.

Member Info

Member ID: **1007300417**
Member Name: **1007300417**
Member DOB: **1007300417**

Reference #: 1007300417

Upload Attachments:

If your authorization status is Pending, please attach member Clinical Information in order to expedite your authorization process. If you are unable to attach Clinical Information, please click on this link to access the appropriate fax number.

Accepted file types: Word, Excel, PDF, Notepad, Image(tiff)

No file chosen Click Choose File to locate saved file/documents

Files Uploaded:

You MUST click Attach to Request to successfully upload file/documents to case

Reference #: 1007300417
Description: Outpatient Elective
Place Of Service: 22 On Campus - Outpatient Hospital
Submitting Provider: Not Selected, PCP, Practitioner, CareSource ID: 999999999999
Requesting/Ordering Provider: 1007300417
Servicing/Rendering Provider: 1007300417
Facility: 1007300417

Service Event

Diagnosis Code: 134 Other and unspecified disorders of nose and nasal sinuses
Procedure: 30520 Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft

Line #1

| | | | |
|---------------------------------|----------------------|--------------------------|----------|
| Requested Received Date: | 4/22/2019 4:00:00 PM | Requested Units: | 2 |
| Start Date of Service: | 4/29/2019 | Authorized Units: | 2 |
| End Date of Service: | 7/29/2019 | Status: | Approved |



NIA Magellan Imaging

CareSource partners with NIA Magellan to implement a radiology benefit management program for outpatient advanced imaging services.

| Procedures requiring prior authorization through NIA Magellan: | Services NOT requiring prior authorization through NIA Magellan: | NIA Magellan authorization phone number: |
|--|---|--|
| <ul style="list-style-type: none">• CT/CTA• MRI/MRA• PET Scans• Myocardial Perfusion Imaging (MPI)• MUGA Scan• Echocardiography• Stress Echocardiography | <ul style="list-style-type: none">• Inpatient advanced imaging services• Observation setting advanced imaging services• Emergency room imaging services | <ul style="list-style-type: none">• 1-800-424-4883 |

Authorizations are accepted at <https://www1.radmd.com/radmd-home.aspx> .

Authorization requests are approved at intake in most cases. If an approval cannot be issued during the initial intake, more information may be required.

Note: Imaging procedures performed during an inpatient admission, hospital observation stay or emergency room visit are not included in this program.

Prior Authorization Timeframes

| Authorization Type | Decision |
|-------------------------------------|------------------|
| Standard pre-service | 7 calendar days |
| Urgent pre-service | 72 hours |
| Urgent concurrent | 24 hours |
| Post service (retrospective review) | 30 calendar days |

To check the status of a prior authorization request, call 1-844-607-2831.



Prior/Retro Authorization

For Ancillary Providers

In order for ancillary services requiring prior authorization to be approved, the services must be either authorized (specifically approving the ancillary services) or the primary service must be authorized. Typically an inpatient or outpatient facility will obtain prior authorization for services. However, in the event the facility does not obtain authorization, the provider group or entity delivering the care must obtain authorization. If the facility obtains an authorization, a second authorization for the group or entity is not needed.

| Ancillary Provider Types |
|--|
| Radiology |
| Anesthesiology |
| Pathology |
| Hospitalist services |
| Labs |
| Other professional services performed in an inpatient or outpatient setting. |



Dental Authorizations

CareSource partners with Scion Dental to administer dental benefits. Dental authorization requests may be submitted via paper or online at <https://pwp.sciondental.com/PWP/Landing> .

ONLINE:

Participating providers may contact the web portal team at ProviderPortal@scion.com to get registered for the Scion Provider Web Portal and request a demonstration.

Some of the time-saving features of the dental Provider Web Portal include:

- View member service history, covered benefits and fee schedules.
- Create a member eligibility calendar and view real-time eligibility for multiple members.
- View authorization guidelines and required documentation prior to submitting authorizations.
- Submit authorizations with attachments for faster determinations.

PAPER:

Paper dental authorization requests may be sent to:

CareSource IN: Authorizations
P.O. Box 745
Milwaukee, WI, 53201

Please reference our Dental Health Partner Manual at [CareSource.com/documents/in-med-dental-health-partner-manual/](https://www.caresource.com/documents/in-med-dental-health-partner-manual/) for a list for services that require prior authorization.



Important Information

- Providers are responsible for verifying eligibility and benefits before providing services, except in an emergency situation.
- Failure to obtain a prior authorization may result in a denial for reimbursement.
- **Authorization is not a guarantee of payment for services.**
- CareSource does not require prior authorization for unlisted CPT codes.
 - However, we require a signed, clinical record be submitted with your claim to review the validity of the unlisted CPT code.
 - Claims submitted without clinical records for unlisted CPT codes will be denied.
 - Denials will be reconsidered through the claims dispute/appeal process with pertinent clinical records and should be sent directly to claims for consideration.
- **Services beyond applicable benefit limit for members 20 years of age and under require a prior authorization.**
- **CareSource does NOT require newborn notification.**
- Deliveries do not require authorization **unless** inpatient stay exceeds mandate of 3 days vaginal delivery and 5 days C-section OR if the mother is discharged and newborn remains inpatient.



Updates & Announcements

Visit the **Updates and Announcements** page located on our website, <https://www.caresource.com/in/providers/tools-resources/updates-announcements/medicaid/>, for frequent network notifications.

Updates may include:

- Medical, pharmacy and reimbursement policies
- Authorization requirements



CareSource Health Partner Engagement Representatives

Denise Edick, Manager, Health Partnerships
317-361-5872

Denise.Edick@caresource.com

Amy Williams, Team Lead, Health Partnerships
317-741-3347

Amy.Williams@caresource.com

**Angelina Warren, Behavioral Health Partner
Engagement Specialist (Northern Territory)**
317-658-4904

Angelina.Warren@caresource.com

**Stephanie Gates, Behavioral Health Partner
Engagement Specialist (Southern Territory)**
317-501-6380

Stephanie.gates@caresource.com

Brian Groevich, Ancillary, Associations and Dental
317-296-0519

Brian.Groevich@caresource.com

Contracting Managers – Hospitals/Large Health Systems

Tenise Hill – North
317-220-0861

Tenise.Hill@caresource.com

Mandy Bratton – South
317-209-4404

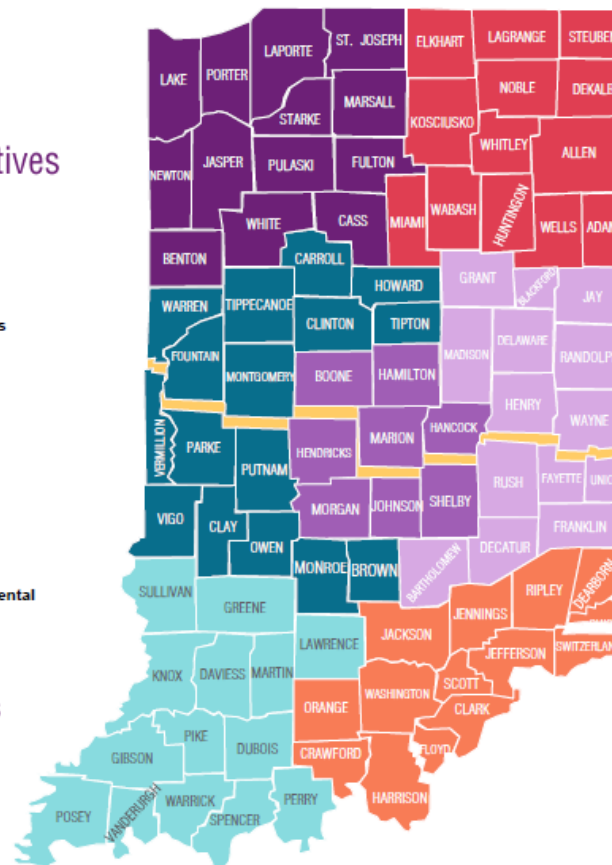
Mandy.Bratton@caresource.com

Regional Representatives

Sylvia Vargas
219-713-7775
Sylvia.Vargas@caresource.com
Franciscan Alliance, St. Joseph Regional
Medical Center

Cathy Pollick
260-403-8657
Catherine.Pollick@caresource.com
Parkview, Lutheran

Sarah Tinsley
317-607-4844
Sarah.Tinsley@caresource.com
Union Hospital, American Health Network



Maria Crawford
317-416-6851
Maria.Crawford@caresource.com
Indiana University, Suburban
Health Organization

Jeni Little
765-993-7118
Jennifer.Little@caresource.com
Community Health Network,
Eskenazi

Paula Garrett
812-447-6661
Bonnie.Waelde@caresource.com
Deaconess & St. Vincent Health

Erin Samuels
812-454-4846
Erin.samuels@caresource.com
KentuckyOne, Norton, Baptist
Health Floyd





Thank you!

Session Survey

Please use the QR code or the weblink below to complete a survey about the session you just attended. Each session has a unique survey so be sure to complete the appropriate one for each session you attend. We will be taking your feedback from this survey to improve future IHCP events.



<https://tinyurl.com/fssa1017>

